

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/03/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969016	(X3) DATE SURVEY COMPLETED R 05/10/2019
NAME OF PROVIDER OR SUPPLIER LAS DELICIAS ALF 2	STREET ADDRESS, CITY, STATE, ZIP CODE 3840 NW 184TH ST MIAMI GARDENS, FL 33055	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A Second Revisit to a Complaint Investigation Survey was conducted at Las Delicias #2 on 05/10/19. The facility had no deficiencies identified at the time of the survey.